

### Application

To be completed by parent or guardian, type or print in ink only.  
Fill in all sections. This form may be copied for additional applications.

#### 2005 Kentucky Wildcats Soccer Camps

- June 6-10 Day Camp I Boys/Girls Ages 6-14
- June 16-18 Elite Training Camp I Boys/Girls Ages 13-18
- June 19-23 Residential I Boys/Girls Ages 10-18
- July 10-13 Team Camp Boys/Girls Ages 13-18
- July 15-17 Elite Training Camp II Boys/Girls Ages 13-18
- July 22-24 Junior Elite Training Camp Boys/Girls Ages 8-12
- July 25-29 Day Camp II Boys/Girls Ages 6-14

\*Day Campers please check appropriate box:  Full Day  Half Day

Please enroll my:  Son  Daughter

All confirmations will be sent by email, unless otherwise requested.

Parents Email (Please Print) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_

#### Desired Position at Camp

(Please Check One  Field Player or  Goalkeeper)

T-Shirt Size: (Adult Sizes)  XS  S  M  L  XL

#### Roommate Preference

(one name only; roommate must also complete & mail in a registration form)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

#### Things to Remember

Enclose application, \$50 non-refundable deposit (\$25 for Day Camp), consent form, and copies of Insurance Card and Physical.

Parent/Guardian Signature \_\_\_\_\_



Mail to:

#### Kentucky Summer Soccer Camp

Room 4 Accounting  
Memorial Coliseum  
Lexington, Ky. 40506-0019

### Camp Deposit

A deposit of \$50.00 for residential and \$25.00 for day camps is required with each application and will be subtracted from the total fee. This deposit is non-refundable.

Please make checks payable to:  
**UK Soccer Camp**

#### Deadline

All applications must be postmarked on or before the due date of June 1st to qualify for the posted rate. After this date, tuition must be paid in full.

#### Registration

Registration location and directions to the dorms and fields will be sent to you prior to the start of your camp session. (By email unless otherwise requested)

Day Campers: All campers need to register at 8 a.m. on each Monday at the UK Soccer Complex off Alumni Drive. Pick-up for 1/2 day campers is 12 noon. Pick-up for full day campers is 4:00 p.m.

Residential and Team Campers: All campers (including commuters) must check-in during registration on the first day of camp at the Blanding-Kirwan Complex.

#### Check-Out

Camp ends after closing ceremonies on the last day of each camp. Check-out for all residential campers (including commuters) will take place at the dormitories at the conclusion of those ceremonies.

#### Accommodations

All rooms are air-conditioned. If you have a definite roommate preference, please send your application as early as possible. Both campers must request each other on their application. If you do not request a roommate, you will be assigned one.

Commuters/Non-Resident Day is from 8 a.m.-9 p.m.

#### Cancellations

The deposit of \$50.00 for the residential camp or \$25.00 for the day camp is subtracted from the total fee. This deposit is non-refundable under any circumstance.

#### Enrollment

To enroll, complete and return the attached application form along with the deposit, consent form and copies of insurance card. If you are sending an application after June 1st, the total fee must be sent.

#### For more information call:

859-257-4059 or 859-257-4971

#### email:

kentuckysoccercamp@yahoo.com

#### Website:

ukathletics.com

(Go to Camps Link)

Visa and Mastercard Accepted

Disabilities accommodated with prior notification

Kentucky Summer Soccer Camp

Room 4 Accounting

Memorial Coliseum

Lexington, Ky. 40506-0019



## 2005 Kentucky Soccer Camps

#### 2005 Sessions

##### Day Camps

June 6-10 .....Boys/Girls .....Ages 6-14

July 25-29 .....Boys/Girls .....Ages 6-14

##### Residential Camp

June 19-23 .....Boys/Girls .....Ages 10-18

##### Elite Training Camps

June 16-18 .....Boys/Girls .....Ages 13-18

July 15-17 .....Boys/Girls .....Ages 13-18

##### Junior Elite Training Camp

July 22-24 .....Boys/Girls .....Ages 8-12

##### Team Camp

July 10-13 .....Boys/Girls .....Ages 13-18

(Outside of KHSAA Dead Period)

#### For more information call:

859-257-4059 or 859-257-4971

#### email:

kentuckysoccercamp@yahoo.com

[www.ukathletics.com](http://www.ukathletics.com)

(Go to Camps Link)

Visa & Mastercard Accepted

## Team Camp

\$395.00 • (\$50.00 deposit)

<b>Team Camp</b>	July 10-13	Boys/Girls	Ages 13-18
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We welcome all types of teams comprised of 12 or more players to our camps. One coach may attend free and receive a Nike coach's packet. Teams are housed together, train together and compete in our Camp League which features matches every night.

### Team Camp Tuition & Registration

Residential	Commuter	*Deposit	Late Registration	*Late Registration
Deposit	Tuition	Tuition	Due Date	Date
\$50.00	\$395.00	\$315.00	June 1st	After June 1st
				\$445.00
* Postmark on or before			*Late Registration Tuition must be paid in full	

## Elite/Junior Elite Training Camp

\$380.00 • (\$50.00 deposit)

<b>Elite I</b>	June 16-18	Boys/Girls	Ages 13-18
<b>Elite II</b>	July 15-17	Boys/Girls	Ages 13-18
<b>Junior Elite</b>	July 22-24	Boys/Girls	Ages 8-12

We would like to invite you to our Elite summer soccer program. The Elite program is one of our most advanced, challenging, and competitive programs we offer. We welcome all players who want to be challenged and look to improve their game.

Our philosophy is simple. We build a solid technical foundation and then challenge you to preform with limited time and space.

At the end of this camp you will be physically and mentally drained. But you will also have a clearer picture of your abilities, your purpose, and your commitment.

We look forward to seeing you this summer

### Elite/Jr. Elite Training Camp Tuition & Registration

Residential	Commuter	*Deposit	Late Registration	*Late Registration
Deposit	Tuition	Tuition	Due Date	Date
\$50.00	\$380.00	\$300.00	June 1st	After June 1st
				\$430.00
* Postmark on or before			*Late Registration Tuition must be paid in full	

## Day Camps

8:00 a.m.-Noon • 1/2 Day • \$125.00 • (\$25.00 deposit)

8:00 a.m.-4:00 p.m. • Full Day • \$255.00 • (\$25.00 deposit)

<b>Day Camp I</b>	June 6-10	Boys/Girls	Ages 6-14
<b>Day Camp II</b>	July 25-29	Boys/Girls	Ages 6-14

Day Clinic is geared for the younger player looking to develop his or her skills at any level. The Day Clinic brings together the idea of having fun and learning the different technical and tactical aspects of soccer. We will help you develop as a player in many aspects of the game, including: Passing/Receiving, Finishing, Heading, Small-sided and Full-sided games. The Full Day Clinic will include added summer activities along with additional soccer training. We invite you to join us this summer for a fun and challenging week of soccer.

## Day Camp Schedule

8:00 a.m.	Drop Off
8:15-10:30 a.m.	Technical/Tactical Session
10:30-11:45 a.m.	Small Sided Games
11:45-12:00 p.m.	1/2 Day Camper Pick-up
12:00-1:00 p.m.	Lunch/Movie
1:15-2:00 p.m.	Swimming
2:30-3:45 p.m.	Games
4:00 p.m.	Pick-up

1/2 day campers will be picked-up at 12:00 noon.

Lunch will be provided for full day campers.

All day campers will receive a NIKE camp T-shirt.

### Day Camp Tuition

Deposit	Tuition	
\$25.00	\$125.00	Half day
\$25.00	\$255.00	Full day

## Residential Camp

\$485.00 • (\$50.00 deposit)

<b>Residential Camp</b>	June 19-23	Boys/Girls	Ages 10-18
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All of our training sessions are created to challenge soccer players of all ages, levels and abilities. The morning technical training sessions are designed to train particular skills through repetition in different situations and levels of pressure, i.e. dribbling, passing and receiving and finishing. The afternoon tactical sessions are designed to increase the application of the skills learned in the morning session in varying decision-making environments in areas of the field and under certain conditions. The nightly 11v11 matches allow each camper to display the newly acquired skills in game conditions. It is a total and complete soccer education!

Each residential camper will receive a Nike soccer ball, camp T-shirt and written evaluation.

All late registration fees are due at time of registration.

### Residential Camp Tuition & Registration

Residential	Commuter	*Deposit	Late Registration	*Late Registration
Deposit	Tuition	Tuition	Due Date	Date
\$50.00	\$485.00	\$395.00	June 1st	After June 1st
				\$535.00
* Postmark on or before			*Late Registration Tuition must be paid in full	

## Goalkeeper Training

We offer specialized goalkeeper training at all the 2005 camps. We believe goalkeepers develop best with a blend of specialized training in goal-keeping fundamentals and also through the game experience and tactical demands our league competition provides.



**Disabilities accommodated with advanced (4-6 weeks) notification.**

## Method of Payment

There are two ways to pay for camp:

- 1.) Visa and Mastercard
- 2.) Check or Money Order

To pay by credit card you must register online at [www.ukathletics.com](http://www.ukathletics.com) (*Go to Camps link*). If you choose to pay by check or money order complete application form and send along with payment to:



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Room 4 Accounting  
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## ukathletics.com

**On the web-page you will be able to access:**

Information on all Camps including Team Camps  
Goalkeeper Training  
Directions  
What to Bring  
Daily Schedule  
Camp Highlights  
Download Additional Forms

**For more information call:**

859-257-4059 or 859-257-4971

**email:**

[kentuckysoccercamp@yahoo.com](mailto:kentuckysoccercamp@yahoo.com)

**Visa and Mastercard Accepted**



## Parental Consent Form

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

University of Kentucky activities are covered by CIGN Insurance. This insurance plan is secondary to the participant's own primary plan. For detailed information regarding the policy coverage benefits and limits please visit the U.K. Risk Management website at <http://www.uky.edu/VPAdmin/Controller/riskhome/excess.html> or call 859/257-3708.

**You MUST submit a copy of the front and back of all health insurance cards covering participant "With Registration".**

Check box and sign below if participant has NO health insurance coverage.

Date \_\_\_\_\_ Signature (Parent/Guardian if claimant is a minor, under 18) \_\_\_\_\_

**Disabilities accommodated with advanced (4-6 weeks) notification.**

### Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the U.K. activity director or their designee, to have my son/daughter treated for injuries or illness they incur during a U.K. camp, conference, or field trip activity.

In the event I cannot be contacted, I hereby give my permission for the U.K. activity director or their designee to seek advanced medical treatment for my son/daughter as deemed necessary by competent medical personnel.

I understand that the U.K. insurance coverage is on an "excess" basis only and I will be responsible for any expenses outside of the limits of U.K.'s insurance.

### Authorization to Release Information

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding my medical treatment or benefits payable, including disability to any CIGNA company, the Plan administrator or authorized personnel for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a Photostat copy of the original shall be valid for the duration of the claim.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits for services rendered and billed as a result of this claim to be made payable to the physicians and providers indicated on the invoices.

Date \_\_\_\_\_ Signature (Parent or Guardian if claimant is a minor, under 18) \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Additional number: \_\_\_\_\_  
during activity dates

Medical Screen Form (to be completed by a Physician) OR provide a copy of a physical exam form signed by a physician indicating clearance to participate. This form must be dated within 12 months of the date of the camp.

Head	Yes	No		Asthma	Yes	No	(circle one)
ENT	Yes	No		Currently taking ANY			
Neck, Back	Yes	No		prescription medication	Yes	No	(circle one)
Heart	Yes	No		please list:			
Abdomen	Yes	No		Date of Last Tetanus Shot or Booster			
Genitalia	Yes	No		Known Allergies			
Extremities	Yes	No					

Comments \_\_\_\_\_

Sports Participation Approved: Yes No Limitations: Yes No

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_